

CHILD ABUSE REVIEW TEAM OF FRANKLIN COUNTY

PROTOCOL FOR CART REFERRAL

When a Child Abuse or Neglect complaint is made, the **primary investigator**, designated by CART as Franklin County Law Enforcement or Franklin County Department of Social Services, is responsible for notifying the appropriate referrals. An initial assessment must consider: emergency medical intervention, law enforcement involvement, DSS and/or clinical services. **Primary Investigators** are responsible for the completion and **weekly** return of the "Victim Assessment Sheets" to the Commonwealth Attorney's Office. A victim file will be opened by the Commonwealth Attorney's office, and the victim's name will be added to the CART Victim Roster for review at the next CART meeting. Cases will remain on the Victim Roster until processed out of the system and closed by participating team members.

After the initial assessment is made, and **primary interviews** to obtain further case information from the victim and others as deemed necessary are completed by the **primary investigator**, contact must be made to the **Commonwealth Attorney's Office**. In emergent cases, the Commonwealth Attorney should be notified immediately. Day telephone: 483-3092; and evening telephone: 483-4181. Additionally, in emergent cases, when clinical services need to be accessed **immediately**, contact PCS at 483-0582; on weekends/ holidays or evenings, contact the PCS On-call Worker: call: 489-5490. At the time of the telephone call, you must ask to be connected to the Piedmont On-call Worker. In emergent cases, the clinical service provider must make contact with the victim **within 24 hours of referral from primary investigator**.

In cases other than emergency, and clinical services are needed, the **primary investigator** shall, **within 72 hours**, contact either, Family Services of the Roanoke Valley, (Pat Marlowe: 483-4223 voice mail available) or Piedmont Community Services, (Terri Crews – 483-7220) to make the clinical services referral. Referrals can be made by phone and/or fax transmittal. **Confirmation** of this referral must be made to the **primary investigator**, from the **clinician**, within **24 hours of that referral**. If the **primary investigator** has not been given such confirmation, then the **primary investigator** should either contact the clinician by phone, or choose to contact the other clinical option. This will allow **primary investigators** to ensure that clinical services to victims will be provided in a timely manner.

In cases other than emergency, the clinician will contact the victim and/or the family within **72 hours** of the referral. A scheduled appointment should be made within, but no later than, **2 weeks** of the referral. Clinicians must mail a "Notification of Available Services" to victims and/or families with whom **no direct contact** has been made (this includes contact by answering machine or voice mail). All victims and/or families declining services must also be sent the "Notification of Services". Copies of said letter should be dated and filed by victim name in any manner that can be accessed for statistical purposes by the CART Resource Worker for grant purposes.

VICTIM ASSESSMENT SHEET

Date_____ Time of Call_____

Individual Responding_____

Allegation of_____

I. INITIAL ASSESSMENT: emergent_____ non-emergent_____
Needed Service or Contacted Service

Medical yes___ no___ contact person_____ Time_____
Law Enforcement yes___ no___ contact person_____ Time_____
DSS yes___ no___ contact person_____ Time_____
Emergency Clinical yes___ no___ contact person_____ Time_____
(Piedmont Community Services: daytime, 483-0582 / 5 p.m – 8 a.m On-call Worker 489-5490)

II. PRIMARY INTERVIEW

Victim:

Name:_____

Gender: male___ female___ DOB:_____

Telephone #_____

Date of Incident:_____

Race/Ethnicity:

African American___

Asian___

Bi-racial___

Caucasian___

Latino/Hispanic___

Native American___

Victim's Address_____

Location of alleged incident_____

Name(s) of accused _____

Persons Interviewed:

Name	Relationship to victim	Date	Phone #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

over

III. Calls To Be Made

1. Commonwealth Attorney's Office after **initial assessment** or, in non-emergent cases, after the **initial interview** contact must be made with the Commonwealth Attorney's Office.
 - ☐ Call – daytime hours – 483-3092
 - ☐ Call – evening hours – 483-4181 (Cliff Hapgood)

2. **Primary Investigators** in emergency cases contact must be made **within 24 hours** of initial assessment.
 - ☐ Call – daytime hours – 483-0582 (PCS)
 - ☐ Call – evening hours/weekends/holidays – 483-5490 (PCS On-call Worker)

in non-emergent cases contact must be made **within 72 hours** of primary interviews.

 - ☐ Call Family Services to refer for clinical services – 483-4223 / Pat Marlowe
 - ☐ Fax Family Services to refer for clinical services – 483-0233 / Pat Marlowe
 - ☐ Call PCS to refer for clinical services 483-7220 / Terri Crews
 - ☐ Fax PCS to refer for clinical services 483-0583

Notify victim and family that a counselor from either Family Services or Piedmont Community Services will contact them. In emergency cases, Piedmont Community Services should contact victim within **24 hours** of referral; and in all other cases, Family Services or Piedmont Community Services should contact the victim **within 72 hours** of referral and schedule an appointment **within 2 weeks** of referral.

IV Victim Assessment Sheets

1. Victim Assessment Sheets must be returned to the Commonwealth Attorney's Office weekly by Primary Investigators.
2. Commonwealth Attorney's Office will have each victim's name added to the CART Victim Roster for review at the next scheduled CART meeting.

Questions can be directed to the Commonwealth Attorney's Office at 483-3092

NOTIFICATION OF AVAILABLE SERVICES

This is a sample of a letter that is required to be sent to all CART referrals who have not returned clinicians' phone calls, or, referrals who have not been able to be contacted in person (this includes machine messages left at a families home, and who have not returned the call to the clinician).

DATE

NAME
STREET
TOWN

DEAR MR. / MRS. _____

I have been asked to contact you by the Franklin County Sheriff's Office or the Department of Social Services to discuss services that may be helpful to your child, _____.

I have been unable to reach you by phone so I am writing to introduce myself and my agency to you. AGENCY NAME and BRIEF DESCRIPTION....providing counseling services to children, adults, and families in the Franklin County community.

As a member of the Franklin County Child Abuse Review Team, (CART), we can provide counseling services free of charge to children who have been abused in addition to counseling their families when necessary. Children benefit from having a safe place to talk, play and heal from the abuse. We work with children as young as 2 or 3 years old through adolescence. I would like to meet with you to discuss any concerns you may have, and provide information about our counseling services. Together we can make a plan to help your child. Please contact me at your earliest convenience so we can arrange a time to meet.[telephone number]. If you reach this agency, but are unable to speak with me directly, please leave a message and I will return your call as soon as possible. I look forward to speaking with you in the near future.

Sincerely,

Please keep a copy or date letter was sent for your records in the event a question arises.

November 13, 2001

Name
Street
Town

Deart Mr. / Ms. _____

I have been asked to contact you by the Franklin County Sheriff's Office or the Department of Social Services to discuss services that may be helpful to your son/daughter _____ . I have been unable to reach you by phone so I am writing to introduce myself and my agency. Family Service is a private not for profit agency which provides counseling services to children, adults and families. I am a counselor and coordinator of the Family Service office in Rocky Mount.

As a member of the Franklin County Child Abuse team, we can provide counseling services **free of charge** to children who have been victims of abuse. Children benefit from having a safe place to talk, play and heal from the abuse. We work with children as young as 2 or 3 years old through adolescence. I would like to meet with you to discuss any concerns you may have, and provide information about our counseling services. Together we can make a plan to help your child. Please call me at [telephone number] so we can arrange a time to meet. If I am unable to come to the phone, please leave a message and I will return your call as soon as possible. I look forward to speaking with you.

Sincerely,

AS A VICTIM OF A CRIME, YOU MAY BE ENTITLED TO:

INFORMATION ABOUT:

- Protection
- Financial assistance and social services including the Criminal Injuries Compensation Fund (crime victims compensation)
- Address and telephone number confidentiality—to request confidentiality, you must file a request for Confidentiality by Crime Victim Form (DC-301) with the magistrate, court, commonwealth's attorney, or law enforcement agency in the locality where the crime occurred
- Closed preliminary hearing or use of closed-circuit television, if you are a victim of a sexual offense
- Separate waiting area during court proceedings
- The right to remain in the courtroom during a criminal trial or proceeding

ASSISTANCE IN:

- Obtaining protection
- Obtaining property held by law enforcement agencies
- Intercession services for your employer
- Obtaining advanced notice of court proceedings—you must give the commonwealth's attorney your current name, address and telephone number, in writing, if you wish to be notified in advance of the scheduled court dates for preliminary hearings, trial, sentencing hearings and other proceedings in your case
- Receiving the services of an interpreter
- Preparing a Victim Impact Statement
- Seeking restitution

NOTIFICATION OF:

- Changes in court dates—same procedure as obtaining advance notice of court proceedings
- Changes in the status of the defendant, if he/she is being held in jail or a correctional facility—you must give the sheriff, jail superintendent, or Department of Corrections your current name, address, telephone number and defendant name, in writing, if you wish to be notified about the changes in the status of the defendant or inmate
- The opportunity to prepare a written Victim Impact Statement prior to sentencing of a defendant

AS THE WITNESS TO A CRIME, YOU MAY BE ENTITLED TO:

INFORMATION ABOUT:

- Protection
- Address and telephone number confidentiality
- A separate waiting area during court proceedings

ASSISTANCE WITH:

- Obtaining protection
- Receiving intercession services with your employer
- Receiving the service of and interpreter

Sandy Sigmon
Commonwealth Attorney's Office
275 South Main Street
Rocky Mount, VA 24151
483-3092